

# SMART PERMIT STANDARDIZED PERMIT APPLICATION

This application may be used in: Alameda County, Concord, Fremont, Milpitas, Mountain View, Palo Alto, Redwood City, San Carlos, Santa Clara, San Leandro, Stanislaus County, Sunnyvale, Union City

## BUILDING PERMIT APPLICATION

DATE: \_\_\_\_\_  
APPLICATION NUMBER: \_\_\_\_\_  
Plan Check Number: \_\_\_\_\_

*Please print clearly and fill in all that apply.*

PROJECT ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

☐ **PROPERTY OWNER**

☐ **TENANT**

☐ **ARCHITECT**

☐ **DESIGNER**

☐ **ENGINEER**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_ FAX#: (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

TENANT COMPANY NAME: \_\_\_\_\_

Jurisdictions may require written approval from the owner.

LICENSE / REGISTRATION #: \_\_\_\_\_

NAME: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_ FAX#: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PROJECT CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

☐ **CONTRACTOR**

☐ **OWNER-BUILDER**

LICENSE# \_\_\_\_\_ LICENSE CLASS: \_\_\_\_\_

PHONE #: (\_\_\_\_) \_\_\_\_\_

COMPANY/NAME: \_\_\_\_\_

FAX#: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

BUSINESS LICENSE #: \_\_\_\_\_

**LICENSED CONTRACTORS DECLARATION:** I hereby affirm under penalty of perjury that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.  
Date: \_\_\_\_\_ Contractor Signature: \_\_\_\_\_

**OWNER-BUILDER DECLARATION:** I hereby affirm under penalty of perjury that I am exempt from the Contractors License Law for the following reason (Sec. 7031.5, Business and Professions Code: Any city or county which requires a permit to construct, alter, improve, demolish, or repair any structure, prior to its issuance, also requires the applicant for such permit to file a signed statement that he or she is licensed pursuant to the provisions of the Contractors License Law (Chapter 9 commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he or she is exempt therefrom and the basis for the alleged exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500.):

☐ I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or herself or through his or her own employees, provided that such improvements are not intended or offered for sale. If however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he or she did not build or improve for the purpose of sale.)

☐ I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractors License Law does not apply to an owner of property who builds or improves thereon, and who contracts for such projects with a contractor(s) licensed pursuant to the Contractors License Law.)

☐ I am exempt under Sec. \_\_\_\_\_, B.&P.C. for this reason: \_\_\_\_\_

Date: \_\_\_\_\_ Owner: \_\_\_\_\_

**WORKERS' COMPENSATION DECLARATION:** I hereby affirm under penalty of perjury one of the following declarations:

☐ I have and will maintain a certificate of consent to self-insure for workers' compensation, as provided for by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued.

☐ I have and will maintain workers' compensation insurance, as required by Section 3700 of the Labor Code, for the performance of the work for which this permit is issued. My workers' compensation insurance carrier and policy number are: \_\_\_\_\_

CARRIER: \_\_\_\_\_ POLICY# \_\_\_\_\_

(This section need not be completed if the permit is for one hundred dollars (\$100) or less.)

☐ I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to become subject to the workers' compensation laws of California, and agree that if I should become subject to the workers' compensation provisions of Section 3700 of the Labor Code, I shall forthwith comply with those provisions.

DATE: \_\_\_\_\_ APPLICANT: \_\_\_\_\_

**WARNING:** Failure to secure workers' compensation coverage is unlawful, and shall subject an employer to criminal penalties and civil fines up to one hundred thousand dollars (\$100,000), in addition to the cost of compensation, damages as provided for in Section 3706 of the Labor Code, interest, and attorney's fees.

**CONSTRUCTION LENDING AGENCY:**

☐ I hereby affirm under penalty of perjury that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097, Civ. C.).

Lender's Name: \_\_\_\_\_ Lender's Address: \_\_\_\_\_

☐ I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of this county to enter upon the above-mentioned property for inspection purposes.

SIGNATURE OF APPLICANT OR AGENT: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_

# BUILDING PERMIT APPLICATION WORKSHEET

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PLEASE PRINT CLEARLY AND FILL IN ALL THAT APPLY.

TYPE OF CONSTRUCTION: \_\_\_\_\_ OCCUPANCY: \_\_\_\_\_ ZONE: \_\_\_\_\_ FIRE SPRINKLERS ..... ☐ YES ..... ☐ NO  
HAZARDOUS MATERIALS YES ☐ NO ☐ EXISTING USE: \_\_\_\_\_ PROPOSED USE: \_\_\_\_\_

ASSESSOR'S PARCEL#: \_\_\_\_\_ MAP: \_\_\_\_\_ LOT: \_\_\_\_\_ BLOCK: \_\_\_\_\_ SUBDIVISION: \_\_\_\_\_

**DESCRIPTION OF WORK:** *(Please fill-in and mark all that apply)*

CONSTRUCTION VALUATION: \$ \_\_\_\_\_

☐ NONRESIDENTIAL ☐ RESIDENTIAL

- |   |  |  |   |   |
|---|--|--|---|---|
| <input type="checkbox"/> New Building       | <input type="checkbox"/> Addition          | <input type="checkbox"/> Alteration  | <input type="checkbox"/> Termite/Dry Rot Repair | <input type="checkbox"/> Demolish       |
| <input type="checkbox"/> Move Building      | <input type="checkbox"/> Fire Sprinklers   | <input type="checkbox"/> Sign  | <input type="checkbox"/> Foundation Only        | <input type="checkbox"/> Chimney Repair |
| <input type="checkbox"/> Tenant Improvement | <input type="checkbox"/> Swimming Pool/Spa | <input type="checkbox"/> Fire Repair   | <input type="checkbox"/> Repair / Retrofit      | <input type="checkbox"/> Tree Removal   |
| <input type="checkbox"/> Other _____        |  | <input type="checkbox"/> Combination Permit (Additional Information may be required) |   |   |

Description: \_\_\_\_\_

**DESCRIPTION OF BUILDING:** *(Please fill-in and mark all that apply)*

- |   |   |                                     |  |   |   |
|---|---|-------------------------------------|--|---|---|
| <input type="checkbox"/> Office/Bank/Professional | <input type="checkbox"/> Single Family        | <input type="checkbox"/> Duplex     | <input type="checkbox"/> Townhouse           | <input type="checkbox"/> Condominium      | <input type="checkbox"/> Apartment Building |
| <input type="checkbox"/> Hotel/Motel              | <input type="checkbox"/> Amusement/Recreation | <input type="checkbox"/> Industrial | <input type="checkbox"/> Service Station     | <input type="checkbox"/> Medical Building |   |
| <input type="checkbox"/> Restaurant               | <input type="checkbox"/> Accessory Building   | <input type="checkbox"/> Historical | <input type="checkbox"/> Educational /School |   |   |
| <input type="checkbox"/> City/County Owned        | <input type="checkbox"/> Church/Assembly      | <input type="checkbox"/> Store      | <input type="checkbox"/> Other _____         |   |   |

Building Area: \_\_\_\_\_ Sq. Ft. Building Height: \_\_\_\_\_ Ft. Stories: \_\_\_\_\_

EXISTING: FLOOR AREA \_\_\_\_\_ GARAGE \_\_\_\_\_ OTHER \_\_\_\_\_ # UNITS \_\_\_\_\_

ADDITIONAL PROPOSED: FLOOR AREA \_\_\_\_\_ GARAGE \_\_\_\_\_ OTHER \_\_\_\_\_ # UNITS \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_ Number of Bathrooms: \_\_\_\_\_ Total Number of Rooms: \_\_\_\_\_

Lot Size (Sq.Ft.): \_\_\_\_\_ Lot Dimension (Front/Side/Rear): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Coverage %: \_\_\_\_\_

Setbacks: FRONT: \_\_\_\_\_ REAR: \_\_\_\_\_ LEFT: \_\_\_\_\_ RIGHT: \_\_\_\_\_

Easements: \_\_\_\_\_ Flood Zone: \_\_\_\_\_ ALUC: \_\_\_\_\_ SEWER / SEPTIC Circle one WATER WELL YES ☐ NO ☐

OFFICE USE ONLY

PLAN CHECK? ☐ YES ☐ NO ☐ EXPRESS PLAN CHECK

ROUTE TO:

<input type="checkbox"/> Residential Building Plan Checker	<input type="checkbox"/> Commercial Building Plan Checker	<input type="checkbox"/> Transportation
<input type="checkbox"/> Planning	<input type="checkbox"/> Engineering/Grading	<input type="checkbox"/> BAAQMD
<input type="checkbox"/> Fire	<input type="checkbox"/> Water Department	<input type="checkbox"/> Environmental Health
<input type="checkbox"/> Park & Recreation	<input type="checkbox"/> Housing	<input type="checkbox"/> Utilities
<input type="checkbox"/> Sewer	<input type="checkbox"/> NPDES	<input type="checkbox"/> Other: _____

HAZARDOUS MATERIALS	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLANNING APPROVAL	<input type="checkbox"/> YES <input type="checkbox"/> NO
SOILS REPORT REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO
SEWER FEES REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO
GRADING PLANS REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER _____	

SCHOOL FEES REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO
TITLE 24 CALCS. REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO
ENGINEERING CALCS. REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO
SPECIAL INSPECTION REQUIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO
NEW CERTIFICATE OF OCCUPANCY	<input type="checkbox"/> YES <input type="checkbox"/> NO

☐ VERIFY WORKERS COMPENSATION ..... EXPIRATION DATE: \_\_\_\_\_

CREDIT CARD PAYMENT: ☐ VISA ☐ MC CARD# \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

☐ OTHER \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Authorizes Credit Card Payment of Fee)